

41267

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

FILED DEC 22 1950

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5589</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> <u>0493</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Union Twnsp</u>		c. LENGTH OF STAY (in this place) <u>2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Route 3</u>				d. STREET ADDRESS (If rural, give location) <u>1522 River St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CORNELIUS</u>		b. (Middle) <u>EUGENE "JACK"</u>		c. (Last) <u>PLATT</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 9, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flex-O-Lators</u>		11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. B. Platt</u>		13b. MOTHER'S MAIDEN NAME <u>Willette Leggett</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Garver Platt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-32-8944</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.E. Platt, 1502 River, Carthage Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>6 yrs.</u> <u>20 yrs.</u> <u>260X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 23, 1947</u> , to <u>December 9, 1950</u> , that I last saw the deceased alive on <u>November 16, 50</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>12-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-12-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48490  
3

RECEIVED 12-20-50  
Jasper County Health Office

County File Number 50-12-919

Date Filed 12-20-50

09617  
APR 15 1954  
JUN 9 1954

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 383

working under my personal supervision.

Student Thomas B. Roskwood  
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.